DOCUMENT RESUME

ED 321 863 PS 018 924

AUTHOR Daro, Deborah; And Others
TITLE Reducing Child Abuse 20% by 1990: Preliminary Assessment. Working Paper Number 843.
INSTITUTION National Committee for Prevention of Child Abuse, Chicago, Ill.
PUB DATE May 90
NOTE 82p.
AVAILABLE FROM National Committee for Prevention of Child Abuse, Catalog Requests, 332 South Michigan Avenue, Suite 1600, Chicago, IL 60604 ($5.00).
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Child Abuse; *Data Collection; Death; Discipline; Drug Abuse; *National Programs; *Prevention; Profiles; *Program Development; Program Evaluation; *Public Opinion; Social Indicators; Social Services; Sociocultural Patterns; Violence

ABSTRACT

In October 1985, the Board of the National Committee for the Prevention of Child Abuse (NCPCA) adopted a goal and extablished a plan to reduce child abuse 20 percent by 1990. With data collected through March 1990, this document reports progress made toward realizing objectives articulated in the NCPCA's 5-year plan. After an overview in Section I, Section II delineates levels of violence toward children in terms of child abuse reports and fatalities, the role of substance abuse as a risk factor in violence toward children, and areas in which improvement has been made. Section III addresses issues in documenting the well-being of children and society, giving particular attention to describing selected measures in the areas of indicators of child well-being and broader trends impacting upon children. Section IV presents a profile of prevention services compiled from hospital service data, school district service data, and community service data. Section V describes changes in public opinion regarding child abuse, focusing on impacts of physical punishment and yelling and swearing, the public's involvement in prevention, and public support for prevention services. Section VI formulates a preliminary assessment providing reasons for optimism, reasons for concern, and implications for future planning. A total of 18 tables supplements the text. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED321863

Reducing Child Abuse 20% by 1990:

Preliminary Assessment

Prepared by

Deborah Daro, D.S.W., Director

Kathleen Casey, Senior Analyst

Nadine Abrahams, Senior Analyst

The National Center on Child Abuse Prevention Research

a program of

The National Committee for Prevention of Child Abuse

Working Paper Number 843
Suggested donation $5

REPRINTING

NCPCA encourages reprinting of this working paper. As working papers are updated regularly, please check with our Publishing Department before reprinting to ensure you are using the most recent version.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Deborah Daro

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 018924

May, 1990

Funding for this publication was provided by the Skillman Foundation

BEST COPY AVAILABLE

Other NCPCA Publications

The National Committee for Prevention of Child Abuse (NCPCA) publishes a variety of educational materials that deal with parenting, child abuse, and child abuse prevention. The NCPCA catalog is available free upon request from NCPCA, Catalog Requests, 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604, (312) 663-3520.

Table of Contents

		Page
I.	Overview	1
II.	Levels of Violence Toward Children	4
	Child Abuse Reports and Fatalities	6
	The Role of Substance Abuse	9
	Areas of Improvement	13
III.	Documenting the Well-Being of Children and Society	16
	Child Well-Being Indicators	16
	Broader Trends Impacting Upon Children	20
IV.	Prevention Services Profile	27
	Hospital Service Data	29
	School District Service Data	36
	Community Service Data	46
	Summary	50
V.	Changes in Public Opinion with Respect to Child Abuse	52
	Impacts of Physical Punishment and Yelling and Swearing	52
	Public's Involvement in Prevention	55
	Public Support for Prevention Services	57
	Summary	61
VI.	Preliminary Assessment	63
	Reasons for Optimism	63
	Reasons for Concern	68
	Implications for Future Planning	70

List of Tables

		Page
Table 2.1	Child Abuse and Neglect Reporting Rates	7
Table 2.2	Reported Child Maltreatment Fatalities	10
Table 2.3	Parental Discipline Practices: Results by Percent	15
Table 3.1	Indicators of Child Well-Being	18
Table 3.2	Explanatory Variables	22
Table 4.1	Service Provider Sample 1986/1988	30
Table 4.2	Hospital Service and Policy Data - 1988	31
Table 4.3	Hospital Parent Education Data - 1988	33
Table 4.4	Comparative Hospital Data 1986/1988	35
Table 4.5	Elementary/Middle School Data - 1988	39
Table 4.6	High School Data - 1988	41
Table 4.7	Comparative School Data 1986/1988	43
Table 4.8	Community Service Data - 1988	48
Table 4.9	Comparative Community Data 1986/1988	49
Table 5.1	Public Attitudes Toward Parental Behavior: Results by Percent	53
Table 5.2	"How much do you think you, as an individual, can do to prevent child abuse?": Results by Percent	56
Table 5.3	"Have you done anything personally to prevent child abuse in the past year?": Results by Percent	58
Table 5.4	Involvement and Support for Specific Prevention Activities: Results by Percent	59

I. OVERVIEW

In October 1985, the Board of the National Committee for the Prevention of Child Abuse (NCPCA) adopted a goal and established a plan to reduce child abuse 20% by 1990. The elements of the plan, as outlined in NCPCA's Long Range Plan: 1985-1990,[1] include making the public fully aware of the problem of child abuse, involving the public fully in efforts to prevent child abuse, creating an environment less conducive to maltreatment, improving the field's knowledge with respect to the most cost-effective methods of preventing child abuse, and insuring the availability of key prevention services (e.g., parenting education, child assault prevention education, self-help groups, and services for abused and neglected children) in every community across the country.

The National Center for Child Abuse Prevention Research developed a measurement plan to document the extent to which the accomplishment of these goals produce a notable reduction in child maltreatment levels. The specific changes the measurement plan will monitor through the end of 1990 are:

- changes in the level of physical violence toward children;
- changes in the broader socio-economic system which impact upon reported and actual rates of maltreatment;
- changes in child abuse prevention service levels and policies; and

- changes in public opinions and behaviors with respect to parenting practices and child abuse prevention.

Recognizing the complexity of the child maltreatment problem and the limitations in our ability to accurately measure all forms of maltreatment and all potential casual factors over time, the measurement plan includes four data collection methods, each of which partially monitors and explains these changes. These methods include:

- annual surveys of child welfare administrators in all fifty states and the District of Columbia to monitor trends in child abuse reporting, child abuse fatalities, and child welfare policy;
- annual public opinion polls to determine the public's perception of the child abuse problem, involvement in prevention efforts, and normative parenting practices;
- the compilation of key social and economic indicators to monitor changes in the broader social and economic environment which create an atmosphere more or less conducive to child well-being; and
- a county level survey effort in a representative sample of counties throughout the country to monitor changes in local service profiles reported by local hospitals, school districts and community-based agencies.

The purpose of this document is to report on the progress that has been made toward realizing the objectives articulated in the Long Range Plan based upon data collected through March of 1990. A Final Report covering all of the relevant social, economic and service changes documented by NCPCA and others for the full five year period will be developed in 1991.

II. LEVELS OF VIOLENCE TOWARD CHILDREN

The exact scope of child maltreatment in this country is subject to wide debate and interpretation. Central to the debate are the behaviors identified as being abusive and the extent to which administrative records or official reports capture the true incidence rate. Over the years, interviews with parents and professionals consistently project higher levels of child abuse than indicated by formal reporting data.[2] However, both data sources have generally documented a steady increase in the level of violence toward children since the uniform passage of child abuse reporting laws in the mid-1960's.

The most notable exception to this trend is the 1985 replication by Murray Straus and Richard Gelles of their 1975 survey of violence in American households. Compared to their earlier work, the authors noted a 47% reduction in the levels of serious forms of physical violence toward children such as serious beatings or threatening with a gun or a knife. While 36 parents of children 3 to 17 years of age per 1,000 reported using abusive violence towards their children in 1975, only 19 parents per 1,000 in 1986 reported using such forms of violence in 1985.[3] Even with this decline, however, the authors estimated that a minimum of a million children ages 3-17 residing in two parent families were subjected to serious physical child abuse in 1985.

In interpreting their findings, the authors suggest that this reduction might well be the result of an expanded and effective prevention service system. Others suggest more cautious interpretations.[4] For example, two parent families, as a group, may indeed be less violent today. Higher divorce rates and a growing network of support services for battered women suggest that two-parent families may include fewer of the more extreme cases of violence. To the extent the children in these more violent families now live in single-parent families but continue to have contact with the primary perpetrator, the apparent 47% reduction may be more a variant of sampling characteristics than a reality. Repeated application of the methodology with the full range of family structures, as Straus and Gelles propose to do in 1991, will offer NCPCA the clearest measure of any changes in the total level of parental violence toward children.[5]

While household surveys such as those conducted by Gelles and Straus offer the most direct measure of family violence, the financial and technical difficulties posed by large-scale, national survey efforts make it impractical to rely on them for annual assessments of the problem. Even if such efforts were conducted on an annual basis, they generally cover only one or two aspects of the maltreatment problem. For example, the Gelles and Straus survey offer no measure of the incidence of child neglect or sexual abuse. Consequently, policy makers and program managers generally

define the child abuse problem in terms of the number of incidents reported to local child protective service agencies. Based on these data, the child abuse problem appears to be expanding.

Child Abuse Reports and Fatalities

Since 1982, NCPCA has conducted an annual fifty state survey to monitor trends in the number and characteristics of child abuse reports nationwide and in the funding and scope of child welfare services. Each year, the federal government's liaison officer for child abuse and neglect in each state is contacted by telephone and asked a series of questions with respect to child abuse reports as well as other issues of concern to the field.[6]

Table 2.1 summarizes the survey results for the last four years with respect to child abuse reporting rates. After four years of relatively stable reports, a more marked increase in the total number of child abuse reports was noted in 1989. Based upon reporting data collected from 48 states and the District of Columbia, an estimated 2.4 million reports were filed in 1989, approximately 10% more than had been recorded in 1988. As summarized in Table 2.1, this increase marks a change in a trend that began in 1986, when the rate of increase had been on the decline, and more closely resembles the annual increases noted between 1980 and 1985. According to data collected by the American Association for Protecting Children (AAPC), child abuse

Table 2.1

Child Abuse and Neglect Reporting Rates[1]
Annual Percentage Change

State	1985-1986%	1986-1987%	1987-1988%	1988-1989%
Alabama	-5	+4	+7	+16
Alaska	+16	+10	-7	-2
Arizona	NA	+1	+12	+22
Arkansas	+12	+1	+1	+1E
California	+16	+7	+11	+10E
Colorado	-6	+11	+8	+4
Connecticut	+2	+9	+10	0
Delaware	-2	-9	0	-6
District of Columbia	+21	+6	0	+20
Florida	-2	0	+6	+19
Georgia	+17	+26	-8	+22E
Hawaii	+10	-2	-19	-30
Idaho	+5	0	0	0
Illinois	+1	+30	+3	+9
Indiana	+3	-16	+5	+28
Iowa	+3	-1	+4	+4
Kansas	-9	+25	-12	-4
Kentucky	+13	+8	+3	+2
Louisiana	+22	-14	0	+1
Maine	-4	-14	-1	-2E
Maryland	+24	+5	+7	+5
Massachusetts	+2	+2	+17	+15
Michigan	+15	-2	-3	+2
Minnesota	+24	NA	+1E	NA
Mississippi	+23	+18	+9	0
Missouri	+5	+1	-8	+8
Montana	+10	+6	+7	+4
Nebraska	-1	-3	-2	0
Nevada	+10	+3	+31	+61E
New Hampshire	+4	+9	+15	+12
New Jersey	+7	0	+13	+2E
New Mexico	-5	-2	+9	+49
New York	+14	+10	+17	+7
North Carolina	+7	+19	+4	+27
North Dakota	NA	NA	NA	0
Ohio	+4	+1	+7E	+13E
Oklahoma	-1	+14	+1	0
Oregon	+8	+3	+6	+15
Pennsylvania	-1	-2	+9	+6
Rhode Island	+3	-2	+11	+16
South Carolina	+12	-2	-1	+5
South Dakota	+12	+6	+3	+2
Tennessee	+3	-3	NA	+6
Texas	+8	-4	-3	+12
Utah	+9	-1	-1	+12
Vermont	+1	-9	+7	+8E
Virginia	-4	0	+5	+5
Washington	+7	-8	-24	+87
West Virginia	+5	+1	+3	+1
Wisconsin	+11	+2	+6	NA
Wyoming	+59	+12	+3	+2
Average % Change	+8%	+3%	+4	+10

1 Dramatic increases or decreases in the number of reports for a given state may be more reflective of definitional or procedural changes than changes in actual rates of maltreatment.

E = Estimate

reports increased an average of 11.4% annually during the first half of the decade.[7]

Each year wide variation has existed in the reporting practices experienced by the fifty states and the District of Columbia. For the most recent year, 38 states had increases in reports ranging from 1 to 87%. Only five respondents reported a decrease and six reported no change. While it is difficult to quantify, a certain percentage of these increases stem from systemic or definitional changes and increased public awareness. For example, a change in reporting criteria in the state of Washington to include all referrals received by local offices, as opposed to documenting only those cases opened for investigation, explains a substantial share of the 87% increase noted in that state between 1988 and 1989. Implementation of a central reporting system and tracking agency contributed to Florida's recent 20% increase in reports and improved forwarding of county reports into the registry helped account for a 22% increase in reports for Georgia. By clarifying their definitions of child maltreatment, several other states (e.g. Texas, North Carolina, Missouri, and Utah) eliminated excessive screening and now receive a more complete count of child abuse reports.

This continued increase in child maltreatment reports has been accompanied in recent years by a growing number of child abuse fatalities. As summarized in Table 2.2, reported

child maltreatment fatalities have remained high since 1986, with over three children a day dying as a result of maltreatment for four consecutive years. The estimated number of reported child abuse fatalities have totaled 899, 1,195, 1,179, 1,199, and 1,237 for 1985, 1986, 1987, 1988 and 1989.[8]

The continued high number of deaths is of concern to child welfare administrators and child advocates. Since 1985, the number of reported child abuse fatalities has increased over 38%. Whether this trend simply represents a more accurate count of a consistent problem or an actual increase in the number of fatalities, the figures are disturbing. Further, over 50% of the children from the 15 states providing data with respect to age, were less than one at the time of death and in Massachusetts and Connecticut the figures were 75% and 76% respectively. Reporting phenomenon or not, this sustained level of violence calls into question society's commitment and ability to protecting children.

The Role of Substance Abuse

While one should be cautious in interpreting changes in reporting rates and child fatality rates as indicating an increase in the total amount of child abuse nationwide, certain environmental realities suggest that serious child abuse might indeed be on the rise. Among those issues most frequently mentioned by the administrators in those states experiencing dramatic increases in reports and fatalities are poverty, lack of medical care and child care, homelessness,

Table 2.2

Reported Child Maltreatment Fatalities[a]
1985-1989

State	1985	1986	1987	1988	1989
Alaska	NA	6	NA	NA	14
Arizona	NA	NA	NA	NA	44
Arkansas	9	6	5	9	14
California	18	27	83	120	97
Colorado	12	18	18	26	24
Connecticut	NA	NA	NA	6	7
Delaware	2	1	NA	0	4
District of Columbia	NA	2	5	9	NA
Florida	NA	NA	39	49	39
Georgia	NA	NA	NA	4	5
Hawaii	1	1	2	2	3
Idaho	5	3	6	3	6
Illinois	53	79	54	98	100
Indiana	29	38	17	27	29
Iowa	14	9	9	13	9
Kansas	9	12	12	7	6
Kentucky	10	9	16	15	10
Louisiana	50	110	57	39	44
Maine	0	1	3	1	1
Maryland	8	17	23	20	29
Massachusetts	13	15	13	25	23
Minnesota	6	10	9	9	6
Mississippi	NA	7	14	10	14
Missouri	24	18	19	28	20
Montana	2	3	7	2	4
Nebraska	2	2	2	4	NA
Nevada	6	4	7	5	NA
New Jersey	21	12	26	33	21
New Mexico	10	7	11	8	13
New York	117	181	166	198	187
North Carolina	4	3	6	6	7
North Dakota	0	NA	NA	0	1
Ohio	37	50	75	NA	NA
Oklahoma	16	24	31	23	25
Oregon	8	18	24	17	28
Pennsylvania	34	44	44	40	55
Rhode Island		4	NA	1	1
South Carolina	21	25	13	11	17
South Dakota	NA	NA	10	2	1
Texas	113	129	97	74	94
Utah	8	3	4	5	12
Vermont	1	1	2	0	0
Virginia	14	14	27	25	34
Washington	27	37	24	21	8[b]
Wisconsin	10	15	18	19	NA
Wyoming	3	3	0	4	4
Total Projected Fatalities Nationwide	889	1195	1179	1199	1237
Percentage Change 85-86		34%			
Percentage Change 86-87			-1%		
Percentage Change 87-88				+2%	
Percentage Change 88-89					+3%

a. These figures represent the total number of child fatalities reported to each state's child protective service agency. In some states, these figures represent both confirmed and suspected child abuse fatalities. Further, some state figures are for calendar years and some are for fiscal years.

b. This does not include a region comprising 25% of the population.

and domestic violence. Severe winters and draught in rural sates and underemployment in urban areas has produced high levels of economic stress, another common catalyst for child maltreatment. The limited availability of prevention services also is seen as a contributing factor to the increase.

Of all the social and policy factors contributing to an elevated risk for maltreatment, however, the most common issue cited is substance abuse. The devastating nature of drugs, predominantly crack/cocaine is far reaching. No longer a problem limited to major cities, child welfare administrators from Maine to Tennessee, report that drugs are plaguing their communities and families. Though current child welfare information systems in many states do not include substance abuse information as part of their intake data, workers in these systems consistently cite drug or alcohol abuse as a major presenting problem among their caseloads.

Historically, approximately 30-40% of child abuse reports have involved substance abuse. Current estimates place this range at 40-90% and include a greater number of more violent and dependent drug addicts. Even in states reporting infrequent contact with this problem, drug abuse takes a heavy toll. For example, only 23% of the reports in Wyoming in 1989 involved substance abuse. However, these cases accounted for over half of that state's child abuse

fatalities. Further, alcohol abuse continues to be a common presenting problem among CPS cases. While in the past, alcoholism represented a family's only substance abuse problem, today drinking has become a gateway drug used prior to or in conjunction with more highly addictive substances.

Another recent phenomenon is the number of women abusing drugs. In contrast to the predominance of men among the addictive population when heroin was the drug of choice, today women abuse crack at a rate at least equal to men. The end result of such abuse is a growing number of infants being born exposed to illegal substances. Since most states do not require that these cases be reported to child protective services agencies, the exact scope of the problem is unknown. According to one study, however, as many as 1 in 10 babies born in the United States, or 375,000 infants annually, are exposed to illegal drugs in the womb.[9] In New York alone, 4,993 infants were reported to child protective services for prenatal exposure to drugs. Often these babies cannot be released from the hospital because, neither parent can be located, their mother's addiction prevents her from providing adequate care, or there are no other relatives to care for the child. In a one day survey of 92 city hospitals boarding infants without a home to go to, the Child Welfare League of America found that 69% of them had been effected by maternal drug use.[10]

Areas of Improvement

These increases in child abuse reports and fatalities represent a disturbing trend. At the more serious end of the maltreatment continuum, children appear to be at greater risk today than in 1985. However, at the other end of this continuum, more encouraging evidence exists regarding general parental behavior toward children. For the past three years, parents have been asked as part of a national public opinion poll conducted for NCPCA to indicate how often they employ a variety of discipline practices with their children. The four practices discussed include: denying a child privileges, such as not allowing them to see their friends or watch television; confining a child to a room; insulting or swearing at a child; and spanking or hitting a child.

As indicated in Table 2.3, there has been a considerable increase in the percentage of parents indicating they have never employed yelling and swearing or spanking or hitting over the past 12 months. For the past year, 60% of parents report never having yelled or swore at their children and 40% of parents report never having hit or spanked their children. This represents a 15% decrease in the use of yelling and swearing and a 13% decrease in the use of spanking and hitting since 1988. Further, the number of parents reporting the repeated use of these behaviors (i.e. monthly or more) increased notably between 1988 and 1989 but dropped between 1989 and 1990.

While merely one indicator of change, these findings are encouraging. The most optimistic interpretation of the data is that parents have indeed altered their discipline behaviors. However, even a more conservative interpretation of the findings suggest an optimistic future for our ability to reduce child abuse rates. For example, the finding may only reflect a greater reluctance on the part of respondents to admit to the repeated use of yelling or swearing or spanking and hitting as a means of disciplining their children. If true, even this change would represent a notable shift in public opinion and attitudes, a shift that is conducive toward reducing the total level of violence toward children. The challenge for the prevention field will be mobilizing this trend to create greater support for prevention services.

Table 2.3

Parental Discipline Practices:
Results by Percent

	1990		1989		1988	
	Often	Never	Often	Never	Often	Never
Denying privileges	9	26	15	24	6	25
Confine in room	7	48	8	42	4	46
Insulted/swore	3	60	5	49	2	45
Spanked/hit	5	49	8	39	4	36

III. DOCUMENTING THE WELL-BEING OF CHILDREN AND SOCIETY

Monitoring the health of a society as a whole or any specific sub-component of a society generally involves the collection and dissemination of a wide range of summary statistics. Health planners, economists, policy makers as well as the general public often define progress in terms of changes in these broad scale aggregate measures. For example, the health of the economy is often defined in terms of annual growth in the gross national product, changes in the consumer price index, or increases in the average annual wage. Similarly, health professionals closely watch changes in mortality and morbidity statistics. While such measures rarely explain the total scope of a given phenomena, they do offer a quick and easily retrievable estimate of key trends.

Following this same logic, an attempt was made to identify a set of routinely maintained statistics which could be used as additional estimates of the maltreatment problem or serve as explanatory variables for any observed shifts in childhood well-being. This section of the report outlines the measures which have been selected in both of these areas and summarizes the preliminary results.

Child Well-Being Indicators

While an accurate summary measure of all child maltreatment is not available, it is possible to document changes in the number of children experiencing specific acts of violence or environmental conditions that place them at an

elevated risk for maltreatment. For example, child homicides, infant mortality rates and the number of accidental deaths of children have been considered to include some number of preventable deaths. Although not all of these deaths can be directly attributed to child abuse or to the failure of either the parent or society to protect the child, a growing number of these and similar cases would signal a serious erosion in the well-being of children.

Consequently, a component of the 20% reduction goal assessment involves documenting trends in 13 such indicators of child well-being, as summarized in Table 3.1. These indicators fall into four broad categories: child fatalities; child health; economic or family stability; and adolescent conflict. While not exhaustive, this list does identify a number of critical issues frequently debated with respect to child well-being and provides a secondary indicator of the degree to which children are facing an elevated risk for early death or poor social adjustment.

Collectively, these measures are being used as proxies for the broader array of conditions which may place a child at elevated risk of maltreatment and, at a minimum, suggest the need for prevention services. In the case of the number of drug exposed infants and pediatric AIDS cases, the measures provide some indication of the number of children having suffered injury due to maternal behavior during pregnancy. For example, approximately 80% of all pediatric

Table 3.1

Indicators of Child Well-Being

Child Fatalities	
Infant Mortality Rate (per 1,000 live births)	1985 - 10.6 1986 - 10.4 1987 - 10.1 1988 - 9.9[11]
No. of Deaths Due to Accidents for Children 0-14	1985 - 7,998 1986 - 7,700 1987 - 8,100 1988 - 8,000[12]
Child Homicide Rate (per 100,000 children in age group)	
Under one	1985 - 5.3 1986 - 7.4
1-4 years of age	1985 - 2.4 1986 - 2.7
5-14 years of age	1985 - 1.2 1986 - 1.1[13]
Teen Suicide Rate (per 100,000 children in age group)	
12-14 years of age	1985 - 2.4 1986 - 2.3
15-19 years of age	1985 - 10.0 1986 - 10.2[14]
Child Health	
% of Newborns Having Low Birth Weight	1985 - 6.8% 1986 - 6.8% 1987 - 6.9%[15]
No. of Pediatric AIDS Cases	1985/86 - 159 1986/87 - 225 1987/88 - 433 1988/89 - 557[16]

Table 3.1 (cont.)

No. of Drug Exposed Infants[17]	
<u>Economic or Family Stability</u>	
% of Children Under 18 Living in Poverty	1985 - 20.1% 1986 - 19.8% 1987 - 20.0%[18]
No. of Homeless Children[19]	
No. of Children in Foster Care	1985 - 276,266 1986 - 280,000 1989 - 360,000[20]
<u>Adolescent Adjustment Problems</u>	
High School Drop Out Rate	1984/85 - 26.8% 1985/86 - 26.7% 1987/88 - 26.9%[21]
No. of Juveniles Arrested (under 18)	1985 - 1.76 million 1986 - 1.75 million 1987 - 1.78 million[22]
Birth Rate for unmarried teens (per 1,000 unmarried teens 15 to 19)	1985 - 31.6 1986 - 32.6 1987 - 34.1[23]

AIDS cases are related to the mother being at risk for or having AIDS or a positive HIV screening. Again, the indicators are not perfect: not all homeless children or low birth weight babies will be maltreated. The measures do suggest, however, populations in need of prevention services.

As indicated in Table 3.1, These indicators suggest growing problems for the nation's children. Since 1985, there has been a significant increase in the number of infants being exposed to drugs in utero, the number of children without permanent housing, and the number of children in foster care placement. No indicator has demonstrated significant improvement, with most holding constant for the past five years.

Broader Trends Impacting Upon Children

A number of socio-economic variables have been identified in the literature as being associated with an increased risk for maltreatment. Among the factors most commonly cited as contributing to a family's likelihood for maltreatment are being poor, being unemployed, being a teenage or single parent, and being involved in substance abuse.[24] Dramatic shifts in the percentage of the population experiencing these and other key demographic or socio-economic conditions might well be expected to account for differences in reported and actual maltreatment rates. Such changes also have implications on the need for various prevention services. For example, a single mother, working

full-time to support her family may require a different set of prevention services than a full-time homemaker with a working spouse. Similarly, a sharp decline in the level of public support for basic health and welfare services and a corresponding increase in the number of children in poverty might suggest the need for expanded service activity in the private sector.

As a means of better understanding the reasons for shifts in the number of child abuse reports, child abuse fatalities and indicators of child well-being, several aggregate socio-economic and demographic variables will be tracked over time. As summarized in Table 3.2, four critical areas of change have been identified: family life; economic distribution; social problems; and public support for children. In each of these areas, a small number of indicators have been selected for analysis. While not comprehensive, the measures do serve as proxy for the degree to which notable shifts have occurred in family structure, family finances, key social problems, and public support for children's services. While changes in these factors cannot be used to accurately predict future levels of maltreatment, they do offer a partial explanation for variation in overall child well-being. Also, and perhaps more important, developing such a list explicitly shifts the level of debate regarding how best to prevent maltreatment from a strict

Table 3.2

Explanatory Variables

Family Life	
No. of live births	1985 - 3.76 million 1986 - 3.76 million 1987 - 3.81 million 1988 - 3.91 million[25]
No. children living with mother only	1985 - 13.1 million 1986 - 13.2 million 1987 - 13.4 million 1988 - 13.5 million[26]
No. children living with father only	1985 - 1.55 million 1986 - 1.58 million 1987 - 1.65 million 1988 - 1.81 million[27]
% of children 0-5 with working mothers	1985 - 49% 1986 - 50% 1987 - 53% 1988 - 51%[28]
Economic Distribution	
Median income for families with children[1]	1985 - $28,210 1986 - $29,123 1987 - $29,892[29]
Earnings for families with children in the lowest fifth of the distribution[2]	1979 - .94 1987 - .81[30]

[1] These figures are in 1987 constant dollars.

[2] Income is expressed as a multiple of the poverty level. For example, an income of 2.5 means that the family's income is two and a half times the poverty level for a family of its size.

Table 3.2 (cont.)

Earnings for families with children in the highest fifth of the distribution[2]	1979 - 4.91 1987 - 5.83[31]
No. of families with children living in poverty	1985 - 5.6 million 1986 - 5.5 million 1987 - 5.5 million[32]
Social Problems	
Unemployment Rate	1985 - 7.2% 1986 - 7.0% 1987 - 6.2% 1988 - 5.5%[33]
Employment Population Ratio (percent of noninstitutionalized individuals 16 or older who are employed)	1985 - 60.1% 1986 - 60.7% 1987 - 61.5% 1988 - 62.3%[34]
Violent Crime Rate (per 1,000 individuals)	1985 - 5.6 1986 - 6.2[35]
No. of Adults Reporting Drug Use in Prior Month	1985 - 23.0 million 1988 - 14.5 million[36]
Public Support	
% of poor children receiving AFDC benefits	1985 - 55.2% 1986 - 56.8% 1987 - 56.4%[37]
Federal spending for child protective services[38]	

[2] Income is expressed as a multiple of the poverty level. For example, an income of 2.5 means that the family's income is two and a half times the poverty level for a family of its size.

focus on high risk families to a focus on broader social and economic trends.

Although data on all of the targeted indicators is not yet available, initial findings suggest notable shifts in the lives of children. Since 1985, there has been almost a 4% increase in the number of children born each year, a change from the general decline in births observed since 1960. In recent years, there has been a slight decline in the number of young children (e.g. those 0-5) with working mothers; however, the 1988 figure of 51% remains in sharp contrast to the 29% employment rate for this group of mothers in 1970. In addition to more young children having working mothers, more children are living in single parent families. While the majority of these children live with their mothers, an increasing number, 17% more today than in 1985, are living with their fathers.

Since 1985, the median income for families with children rose 6% in real dollars between 1985 and 1987. However, this increase has not been uniform across all families. As indicated in Table 3.2, the average income for the lowest fifth of families with children declined 14% between 1979 and 1987 while the average income for those in the top fifth increased 19% during this same period. While the absolute number of poor families with children has not changed significantly since 1985, the present 5.5 million families with children living at or below the poverty line represents

a 15% increase over the number of these families reported in 1980 and a 57% increase over the number reported in 1970.

With respect to various social problems, the trend appears quite positive with respect to two of the issues presented in Table 3.2. Both unemployment and adult drug use have experienced a downward trend since 1985. While most agree that a greater number of Americans are employed today than earlier in this decade, the reported sharp decline in drug abuse has been met with a good deal of skepticism. It is generally believed that this decrease has been among the so-called "casual" drug user or those individuals who occasionally experimented with cocaine or marijuana. This segment of the population is described as having better than average incomes, being better educated and being generally more responsive to public education efforts regarding the dangers of any form of drug use. In contrast, drug use among those adults with less than average income, poor education and limited job opportunities may well be increasing. Further, as discussed in the previous section, maternal drug use has clearly increased in recent years with devastating impacts on children.

Despite the increases in maternal drug use, drug exposed infants, foster care use, and violent crime, only marginal increases have been noted in social service budgets. While a reliable, national figure on social service spending was not included in Table 3.2, preliminary information from child

welfare administrators suggest that such support has failed to keep pace with rising demand. For example:

- the National Association of Social Workers' Legislative Affairs Department report that current Title XX funding level is nearly $200 million less than the 1981 level;
- the American Association for Protecting Children estimate that states are spending only one-fourth of what is actually needed to properly provide protective services;
- the American Public Welfare Association's National Commission on Child Welfare and Family Preservation found that only 40% of children in foster care are covered by Title IV-A, placing the full burden of care for the majority of foster care children on the states; and
- the National Child Abuse Coalition estimate that between 1976 and 1988 Federal support for child abuse and neglect declined 35% while reports rose 229%.

IV. PREVENTION SERVICE PROFILES

Central in our ability to obtain a notable reduction in the level of maltreatment is the development of more comprehensive child abuse prevention systems. Utilizing the representative sample of counties drawn for the most recent Federally-funded National Incidence Study,[39] this component of the 20% measurement plan monitors the availability of child abuse prevention services in 29 counties across the United States. These counties and their key demographic characteristics are summarized in Appendix A. The use of this random sample of counties avoided the costly and time consuming process of constructing a unique representative sample.

Local hospitals, school districts and community based agencies located in the 29 sample counties or serving residents in these counties were surveyed in 1986 and again in 1988 to obtain estimates of the scope and complexity of the local child abuse prevention network. The specific prevention services being monitored include:

- hospital based services for all first time parents;
- hospital based services for child abuse victims;
- parenting education and support services for teens and teen parents sponsored by local high schools;
- child assault prevention instruction in the local public elementary and high schools;
- in-home parent aid programs;

- parenting education classes; and
- community-based services for abused and neglected children.

In the first survey, all of the elementary and high school districts in 25 of the counties were contacted, while in four of the larger, metropolitan counties a simple random sample of the school districts were surveyed.[40] All of the hospitals in 27 of the sample counties were surveyed and in the remaining two counties a random sample was contacted.[41] In each of the 29 sample counties an attempt was made to contact all of the community agencies identified by local welfare officials, community directories, and NCPCA local chapter network.

Table 4.1 summarizes the number of institutions surveyed as part of both data collection efforts. In general, a larger sample of organizations were surveyed in 1988, reflecting our greater familiarity with the communities and our concern that the survey be as comprehensive as possible.[42] Also, the measurement instruments were revised in 1988 to collect more detailed information on the types of prevention services offered by these institutions. This revised instrument will be used again at the end of 1990 and will be sent to the larger poll of respondents included in the 1988 survey.

As summarized in Table 4.1, 301 hospitals, 565 school districts and 676 community-based agencies in the 29 sample

Table 4.1

Service Provider Sample 1986/1988

Hospitals

	1986	1988
# surveyed	192	301
# responding	169	234
% responding	88%	78%
# of counties represented	25	29

School Districts

	1986	1988
# surveyed	309	565
# responding	259	364
% responding	84%	64%
# of counties represented	25	29

Community-Based Agencies

	1986	1988
# surveyed	718	676[1]
# responding	444	490
% responding	62%	72%
# of counties represented	28	29

[1] In Cook County, IL, the 1986 sample was revised to include only relevant agencies in 1988.

counties were surveyed in 1988. The overall response rate was 70%, with 78% of the hospital, 72% of the community based agencies, and 64% of the school districts responding. The remainder of this section reports on the levels of servicee found across these three institutional categories, highlighting areas of significant change.

Hospital Service Data

Administrators from 134 hospitals serving residents in the 29 sample counties responded to NCPCA's most recent survey. The vast majority of these institutions (76%) operate maternity wards, making them particularly good candidates for prevention services. Although hospitals with maternity wards are very likely to be involved in general parenting education, hospitals, in general, offer relatively few social services. As summarized in Table 4.2, those services most frequently cited by the responding administrators include individual treatment for victims of abuse (35%), parent support groups (24%) and teen parent support groups (15%). Less than 10% of the sample reported they made available to their patients or members of the community drop-in services for parents under stress or group services for adult or young victims of maltreatment. As might be expected, over 90% of the responding hospitals have written procedures for identifying and reporting suspected child abuse and neglect cases. These procedures are generally explained to employees during initial orientations

Table 4.2

Hospital Service and Policy Data - 1988

	Number	Percentage
THE SAMPLE		
# hospitals surveyed	301	___
# hospitals responding	234	78%
# hospitals with maternity wards (of hospitals responding)	177	76%
SOCIAL SERVICES		
# hospitals with parent support groups	56	24%
# hospitals with teen parent support groups	34	15%
# hospitals with drop-in center for parents under stress	10	4%
# hospitals with groups for adults abused as children	12	5%
# hospitals with groups for victims of sexual abuse	20	9%
# hospitals with groups for victims of other abuse	22	9%
# hospitals with individual treatment for victims of abuse	83	35%

or periodic briefings. Of the hospitals with such policies, 34% post the procedures in each department and 18% provide each employee with their own copy of the procedures.

Over 96% of the hospitals with maternity wards offer some type of parent education for expectant and new parents. However, wide variation exists in the content and intensity of these efforts. As summarized in Table 4.3, the vast majority of these efforts are limited to the distribution of written materials and to the provision of formal classes prior to the baby's birth. Slightly more than half of the hospitals offering parenting education services provide post-birth parenting classes or conduct post-birth follow-up telephone calls to assess the new parent's status. Less than one-third of these hospitals offer post-birth follow-up home visits. In terms of therapeutic services, 17% of the hospitals offering parenting education services conduct group therapy sessions and 42% offer individual therapy.

A notable percentage of the hospitals offer specialized services for specific at-risk populations. As indicated in Table 4.3, 59% of the hospitals' parenting efforts specifically target teen parents, 55% target mothers with premature or developmentally disabled infants, 52% target drug or alcohol abusing mothers, and 49% offer special assistance to mothers who have had complicated pregnancies or deliveries. Theoretically, this type of service targeting should allow for a program better tailored to the unique

Table 4.3

Hospital Parent Education Data - 1988

	Number	Percentage of Responding Hospitals
THE SAMPLE		
Number of hospitals providing parent education for expectant/ new mothers around the time of birth	170	96%

	Percentage of Hospitals Which Offer Parent Education
TYPE OF PARENT EDUCATION	
% distributing written materials	95%
% offering formal classes prior to birth of baby	88%
% offering formal classes after birth of baby	54%
% conducting post-birth follow-up telephone calls	52%
% conducting post-birth follow-up home visits	30%
% offering individual therapy	42%
% offering group therapy	17%
POPULATIONS SERVED	
% offering to all expectant/new mothers	98%
% offering to teen mothers	59%
% offering to mothers with complicated pregnancies	49%
% offering to drug/alcohol abusing mothers	52%
% offering to mothers with premature/developmentally delayed babies	55%

needs of these populations. For example, caring for a premature or physically disabled infant may require more specialized health care education than would be required by a teen parent seeking to balance her new responsibilities as a mother with her need to complete her education.

In comparing the hospital service profile in 1988 with the profile generated by the 1986 survey for those administrators responding to both surveys, certain key differences emerge. As summarized in Table 4.4, the most significant increases were noted in the number of hospitals with expanded parenting education efforts. Between the two data collection periods, 14% more hospitals began offering pre-natal parenting education classes and 10% more hospitals began offering post-natal parenting education classes. Only modest gains were noted in the number of hospitals adding follow-up home visits to their efforts and the number of hospitals providing follow-up telephone contact actually declined 2%. Similarly, the percentage of hospitals involved in social services also saw only moderate increases, with most of this expansion involving more parent support groups (an increase of 10%) and general social services for families and children (an increase of 9%). While the range of hospital-based services have not increased dramatically in all areas, significant increases occurred in the number of these efforts targeting specific at-risk populations. Most notable is the increase in the number of hospital programs

Table 4.4

Comparative Hospital Data 1986/1988[1]

	1986	1988	%CHANGE
# hospital included in both surveys	173	201	----
response rate	79%	75%	-4%
# in comparison sample	131	131	----
% with maternity wards	79%	77%	-2%
PARENT EDUCATION SERVICES			
% hospitals with maternity wards offering parent education to all expectant/new mothers	93%	94%	+1%
TYPE OF PARENT EDUCATION[2]			
% distributing written materials	92%	96%	+4%
% offering formal parenting classes prior to birth of child	80%	94%	+14%
% offering formal parenting classes post birth of child	45%	55%	+10%
% offering follow-up phone calls	49%	47%	-2%
% offering follow-up home visits	24%	26%	+2%
POPULATIONS SERVED[2]			
% serving all expectant/new mothers	85%	96%	+11%
% serving teen mothers	14%	38%	+24%
% serving mothers with complicated pregnancies	5%	27%	+22%
SOCIAL SERVICES[3]			
% offering parent support groups	19%	29%	+10%
% offering drop-in center for parents	3%	3%	same
% offering groups for adults abused as kids	3%	5%	+2%
% offering groups for abused children	2%	7%	+5%
% offering other services for families and children	22%	31%	+9%

[1] This represents hospitals in 24 of the 29 sample counties.

[2] Based on the number of hospitals providing parenting education.

[3] Based on all responding hospitals.

targeting teen parents (an increase of 25%) and the growth in programs targeting mothers with complicated pregnancies (an increase of 22%).

In both surveys, hospital administrators and social workers supported the role of medical facilities in child abuse prevention efforts but were cautious in predicting any major shift in service availability in the near future. Fiscal limitations and the lack of physical space for such efforts were the two barriers to expanding prevention services most frequently cited by respondents. The expansion of parenting education services, particularly among hospitals with maternity wards, are seen by hospital administrators as an opportunity to attract new parents to their facilities and, therefore, efforts worth promoting. With respect to general social services, however, hospital social workers noted that in cases of abuse or when a new parent is suspected of being at risk for maltreatment, such cases are referred to the appropriate local authorities. These agencies, in turn, are viewed as having the primary responsibility for securing the necessary services for these families.

School District Service Data

Service information data were requested from 513 elementary and middle school districts and 449 high school districts. Overall, 60%, or 310, of the elementary and middle school districts responded to the survey and 63%, or

218, of the high school districts responded. As with the initial survey, virtually all of the school administrators contacted identified child abuse prevention as an appropriate concern for primary and secondary school personnel. Over 95% of the responding elementary school district administrators indicated that they maintain written procedures for the identification and reporting of suspected child abuse cases. These procedures are generally explained to employees during their initial orientation to the district, with over half of the districts distributing copies of the policy directly to their employees. Over two-thirds of the district administrators indicated that they require attendance at in-service or pre-service workshops on child abuse and neglect identification and reporting. In over two-thirds of these cases, such workshops are annual events.

Over the past several years, there has been significant increases in the availability and public support for child assault prevention education in the schools. This intervention provides classroom-based instruction for children of all ages on how to protect themselves from sexual assault and what to do if they experience actual or potential abuse. While in most cases these strategies include informational sessions for parents and school personnel, their primary focus is on strengthening the potential victim's capacity to resist assault.

As summarized in Table 4.5, 41% of the responding elementary and middle school district administrators indicated that they have in place a policy which mandates the provision of a specific child assault prevention education curriculum. In 18% of the elementary school districts surveyed child assault prevention programs are mandated but the selection of a specific curriculum or approach is a matter for local school principals and parents. For those districts administering a single program, 58% involve school personnel, either the classroom teacher, school administrators, school nurses, or school social workers as the primary service provider. Approximately 25% of these curricula utilize outside professionals or law enforcement personnel. The remainder of these programs rely on a variety of professional or lay volunteers to present the material to the children or to train teachers.

In terms of prevention education in the high schools, over 93% of the high and junior high schools surveyed are providing parenting education and life skills training to their students. As summarized on Table 4.6, 80% of the responding district administrators reported that parenting education is included in the school's regular health curriculum and is required for graduation. In addition, 41% of the districts offer at least one separate, generally elective, course on parenting education. Only 7% of the districts provide this type of instruction solely on an ad

Table 4.5

Elementary/Middle School Data - 1988

	Number	Percentage
THE SAMPLE		
# elementary/middle school districts surveyed	513	---
# elementary/middle school districts responding[1]	310	60%
SCHOOL DISTRICT POLICIES ON CHILD ASSAULT PREVENTION EDUCATION		
	Number	Percentage
# districts with a policy mandating regular and/or curriculum based child assault prevention education	128	41%
# districts mandating delivery but school selects specific program	56	18%
# districts with no uniform policy or mandate	126	41%
PROGRAM ADMINISTRATION:[2]		
classroom teacher	124	24%
school administrator	38	7%
school nurse	68	13%
school social worker/counselor	74	14%
local police department	50	10%
outside professionals	72	14%
a wide range of providers	43	8%
other	48	9%

[1] These districts represent 2,181 elementary schools and 359 middle schools.

[2] Figures reflect the number of schools utilizing a specific strategy in those districts which directly administer these programs.

hoc, or informal basis. While offered under a variety of names and settings, the content of these courses are remarkably similar. The most common topics covered under the rubric of parenting education include individual responsibility, relationships, human sexuality and basic child development. Basic child care skills and family life or home-making skills also are relatively frequent topics of discussion.

In terms of general social services, individual counseling and referral services are the most common interventions offered by local high schools, with over two thirds of the responding district administrators indicating the availability of these services. In contrast, only 17% of the school districts responding to the 1988 survey offer day care services for parenting teens and only 12% provide on-site medical care.

Table 4.7 summarizes the differences in the availability of services noted among districts responding to both of the surveys. As this table indicates, there was a 13% increase in the percentage of elementary and middle school districts mandating the provision of a specific child assault prevention curricula and a corresponding decrease of 12% in those districts with no formal policy on this prevention service. Similarly, the percent of high school and junior high school districts offering parenting education

Table 4.6

High School Data - 1988

	Number	Percentage
THE SAMPLE		
# districts surveyed	449	---
# districts responding	281[1]	63%
PARENT EDUCATION OFFERED:		
in regular health class	225	80%
as a separate course	116	41%
on an ad hoc basis	19	7%
COURSE REQUIREMENTS		
# districts requiring parent education	221	79%
# districts also offering parent education as an elective	110	39%
POPULATION OFFERED PARENT EDUCATION		
all students	263	94%
only pregnant or parenting students	13	5%
other special student populations	7	2%
TOPICS COVERED		
birth control options	178	63%
parenting techniques	183	65%
basic childcare skills	165	59%
child development	208	74%
human sexuality	242	86%

Table 4.6

High School Data - 1988 (cont.)

	Number	Percentage
TOPICS COVERED (cont.)		
family life/home-making skills	204	73%
individual responsibility	251	89%
relationships	241	86%
SPECIAL SERVICES FOR PREGNANT OR PARENTING STUDENTS		
daycare centers	48	17%
individual counseling	205	73%
group counseling	76	27%
financial aid	11	4%
vocational assistance	85	30%
medical assistance	34	12%
referral services	192	68%

[1] These districts include 458 high schools and 290 junior high schools.

Table 4.7

Comparative School Data 1986/1988[1]

	1986	1988	%CHANGE
THE SAMPLE			
# school districts surveyed	157	356	---
response rate	69%	53%	-16%
# in comparison sample[2]	157	157	---
POLICIES ON CHILD ASSAULT EDUCATION			
% of elementary/middle school districts responding that had a uniform policy which mandates regular child assault prevention education	31%	44%	+13%
% of elementary/middle school districts responding that mandated program delivery but allowed each school to implement its own program	18%	17%	-1%
% of elementary/middle school districts that had no uniform policy	51%	39%	-12%
POLICIES ON PARENT EDUCATION			
% of high/junior high school districts that offered parent education to all students	82%	97%	+15%
% of high/junior high school districts that offered parent education only to pregnant or parenting students	10%	8%	-2%
% of high schools that had on-site daycare centers for their students with children	9%	9%	---

[1] Due to the change in the data collection format, this represents data from 16 of the 29 counties.

[2] These districts represent 862 elementary and middle schools and 310 high and junior high schools.

to all students rose 15%. However, the availability of on-site day care centers remained unchanged.

Preventing child abuse through the use of school-based services and program initiatives appears to be an increasingly popular idea. Many of the school administrators surveyed indicated that more extensive child assault prevention programs, parenting education for pregnant teenagers, school-based day care and support services for parenting teens are being designed and, hopefully, will be implemented by the end of 1990. The nationwide spread of interest among educators in various types of child abuse prevention programs is due in part to the increasing number of pregnant students and increasing reports of child sexual abuse. In addition, publicity regarding sexual abuse in day care facilities and other institutional locations has increased awareness of the potential for abuse in out-of-home settings and the responsibility of agency administrators to be more vigilant in protecting children temporarily under their care. Despite this growing awareness, some resistance and barriers to program implementation remain. While school districts can mandate program implementation, teachers or principals may choose not to include the entire suggested program in their regular curriculum. Teachers often feel overburdened, are reluctant to enter into family affairs, and are apprehensive of potential legal difficulties. Additional

pragmatic barriers to the expansion of these services include financial difficulties and staffing limitations.

In an effort to better understand the barriers educators face in expanding child abuse prevention efforts, NCPCA conducted a national survey of teachers. The sample for this survey consisted of 568 elementary and middle school teachers from 40 school districts included in the larger study. In each of the 29 counties, with the exception of those with only one unified district, both the largest and smallest districts were contacted. Each of the cooperating 40 districts were then randomly assigned two grades from first through sixth and asked to distribute the survey to all teachers in those chosen grade levels. The response rate for this component of the study was approximately 34%.

Overall, this survey revealed that despite widespread district level policies on child abuse reporting and prevention, classroom teachers are provided with little education on how to put these policies into practice. Written policies for reporting child abuse existed in 95% of the participating districts; however, only 57% of the teachers surveyed within these districts were aware of these policies. Similarly, less than half of the teachers in districts with explicit policies mandating the provision of child assault prevention education were aware of these policies.

On a more promising note, 95% of the teachers surveyed believe that child assault prevention programs are important and effective in protecting children and 65% of the respondents had no reservations about teaching these programs. The 35% of teachers with reservations about personally implementing these programs most commonly noted these feelings stemmed from a lack of adequate training.

Community Service Data

A total of 676 community based agencies in the 29 sample counties were identified by local NCPCA chapters and other key community actors. For several of the smaller counties surveyed (i.e. those with populations under 100,000), it was often difficult to locate non-educational or non-medical services within the county's geographic boundaries. Consequently, efforts were made to identify key programs in neighboring counties which provided intervention and support services to residents in the targeted counties. Of the agencies contacted, 490 or 72% responded, of which 466, or 95% indicated that they offered some form of child abuse prevention or treatment services to parents and children as summarized in Table 4.8.

The most common child abuse prevention services being offered by local community based agencies include parenting education and child development classes (59%); individual therapy to child victims of maltreatment (56%); crisis intervention services (53%); family therapy for abusive

families (51%); parent self-help groups (37%); treatment for adult survivors of maltreatment (37%); teen parenting programs (32%); in-home parent aide services (31%); and groups for victims of sexual abuse (27%). The rest of the prevention services, such as therapeutic preschool or day care centers and shelter or respite care, were offered by less than one quarter of the respondents.

In comparing this profile to the one generated by the 1986 survey, very few differences were noted. As summarized in Table 4.9, only minimal increases were observed in the number of agencies providing key parent enhancement services, such as parenting education, in-home parent aide services and parent self-help groups. Unfortunately, slight declines were noted in the number of agencies providing services to abused children and crisis intervention services. Only 50% of the agencies provided any type of services for abused or neglected children in 1988 and less than one quarter of the agencies operated therapeutic pre-school or day care centers. The most common therapeutic service for victims of maltreatment is crisis intervention counseling, offered by over two thirds of the respondents. However, this figure represents a 6% decline over the number of agencies offering this type of assistance in 1986.

Table 4.8

Community Service Data - 1988

	Number	Percentage
THE SAMPLE		
# community agencies surveyed	676	—
# agencies responding	490	72%
# agencies with relevant services	466	95%
SOCIAL SERVICES[1]		
# agencies offering parent self-help	181	37%
# agencies offering in-home aid	152	31%
# agencies offering parent education/child development classes	290	59%
# agencies offering therapeutic pre-school/day care	71	14%
# agencies offering groups for victims of sexual abuse	132	27%
# agencies offering groups for victims of other abuse	104	21%
# agencies offering individual therapy to child victims	262	56%
# agencies offering family therapy for abusive families	252	51%
# agencies offering treatment for adults abused as children	182	37%
# agencies providing shelter or respite care	97	20%
# agencies offering teen programs	158	32%
# agencies offering crisis intervention	261	53%

[1] Based on agencies offering relevant services.

Table 4.9

Comparative Community Data 1986/1988

Comparative analysis sample[1]	1986	1988	%Change
# agencies surveyed	687	648	---
response rate	62%	67%	+5%
# in comparison sample	315	315	---
% of agencies with relevant services	97%	96%	-1%
PREVENTION SERVICES FOR ADULTS			
% agencies offering parent self-help groups	38%	40%	+2%
% offering in-home parent aid	30%	33%	+3%
% offering parent education/child development classes	63%	65%	+2%

GENERAL SERVICES FOR ABUSED CHILDREN[2]

	1986	1988	%Change
# agencies represented[3]	211	211	---
(of those represented)			
% with relevant services	99%	98%	-1%
% with services for abused children	54%	50%	-4%

THERAPEUTIC SERVICES FOR VICTIMS OF ABUSE	1986	1988	%Change
# agencies represented[4]	98	98	----
% with relevant services	95%	96%	+1%
% with therapeutic pre-school or daycare for abused children	21%	16%	-5%
% with groups for sexual abuse victims	31%	33%	+2%
% with groups for other abuse victims	27%	24%	-3%
% offering crisis intervention	73%	67%	-6%

---

1 This represents data from 26 counties. (Carver, MN and Wood, WV had no comparable 1986 baseline. Grenada, MS had a response insufficient for comparison to baseline.)

2 Services for abused children include groups for victims of sexual abuse, other abuse, as well as individual therapy for abused children.

3 This represents data from 15 counties: Cook, IL; Marion, IN; Bergen, NJ; Brown, OH; Warren, OH; Washington, OH; Harris, TX; Travis, TX; Maricopa AZ; Lancaster, SC; Keokuk, IA; Louisa, IA; Plymouth, IA; Jefferson, KY; and Plymouth, MA.

4 This represents data from 11 counties: Los Angeles, CA; Sacramento, CA; Palm Beach, FL; Montgomery, PA; Montague, TX; Shelby, TN; New York, NY; Monroe, NY; Butler, PA; Kern, CA; and Fairfield, CT.

Summary

An increasing number of hospitals and school districts are providing child abuse prevention services particularly in the area of parenting education. As of 1988, a significant increase had been noted in the availability of general parenting education classes as well as parent aide services and parent support groups. Further, the vast majority of these efforts are offered to the general public or all new parents, underscoring a growing trend on the part of parents to reach out and receive assistance in managing their child-rearing responsibilities. While far from universal, parenting education is rapidly becoming a common characteristics of hospital policy and high school curricula. Similarly, child assault prevention education is provided on a regular basis in the vast majority of the nation's elementary schools.

In sharp contrast to these increases, there appears to be a stagnation or actual reduction in therapeutic services for abuse victims and in more comprehensive or costly prevention services. As noted above, only a small percentage of hospitals are offering support or educational services to parents beyond the period immediately preceding and following a child's birth. Less than 5% of the hospitals contacted provide any type of drop-in or crisis assistance services for parents under stress. While the expansion of parenting education in the schools is encouraging, there has been

little progress in increasing the services and support for teen parents. As noted above, there has been virtually no change in the percentage of high schools offering on-site day care for their pregnant or parenting teens. Such services are critical to the ability of all teen parents to complete their education, thereby enhancing their abilities to support their children.

V. CHANGES IN PUBLIC OPINION WITH RESPECT TO CHILD ABUSE

For the past four years, NCPCA has solicited a national public opinion poll to determine the public's attitudes and actions with respect to child abuse prevention.[43] All of these surveys probe the public's perception of the impact certain behaviors have on children and the role they see for themselves in preventing child abuse. In addition, each year certain key policy questions of current interest are explored such as the public's perception of the child welfare system, the relationship between drugs and child abuse, and the role of schools in preventing child abuse. Each study involves a representative telephone survey of 1,250 randomly selected adults across the country.[44]

This section of the report summarizes the results of these surveys as they relate to three critical areas: the public's perception of the impact of certain behaviors on children; the public's involvement in prevention; and the public's perception of various prevention services.

Impacts of Physical Punishment and Yelling or Swearing

In each of the surveys, respondents have been asked about the impact on children of physical punishment and yelling and swearing. As documented in Table 5.1, there has been a shift in these opinions over the four year period. Today, only 19% of the respondents indicate that physical punishment of a child hardly ever or never leads to injury of the child. In 1986, almost a quarter of the respondents (24%)

Table 5.1

Public Attitudes Toward Parental Behavior:
Results by Percent

	1990	1989	1988	1987
"How often do you think physical punishment of a child leads to injury to the child?"				
Very often/often	35	36	33	40
Occasionally	37	35	38	31
Hardly Ever/Never	19	21	23	24
Not Sure	9	8	6	5
"How often do you think repeated yelling and swearing leads to long-term emotional problems for the child?"				
Very often/often	76	73	72	73
Occasionally	15	18	18	17
Hardly Ever/Never	6	6	8	7
Not Sure	3	2	2	2

expressed this opinion. While slightly fewer individuals feel this behavior often or very often leads to injury (35% versus 40%), a higher proportion now feel it occasionally can damage a child (37% versus 31%).

With respect to yelling and swearing, the public has consistently viewed this behavior potentially more damaging than physical punishment. For the past four years, over three quarters of the respondents have reported that repeatedly yelling and swearing at a child often or very often leads to long-term emotional problems for the child. Also consistent each year has been the very small percentage of respondents (i.e. 6%) who feel these behaviors hardly ever or never harm a child.

These findings suggest greater awareness on the part of the public regarding the potential negative impacts of these two forms of discipline. Further, as indicated in the initial section of this report, this awareness has translated into a decrease in the actual use of these practices or, at a minimum, an increased unwillingness to admit to such behaviors. While it is difficult to identify the specific reasons for this change, several factors may have played a role. First, there have been very aggressive public education efforts by a wide range of professionals including physicians, educators and psychologists as to the negative impacts of corporal punishment. Second, a growing number of alternatives to corporal punishment have been identified and

communicated to parents as well as the general public making both groups more comfortable in recognizing the problems with spanking and yelling and swearing. Finally, efforts to abolish corporal punishment in the schools have forced a growing number of parents to face the inherent contradiction in working to ban a practice in a public institution which is routinely practiced in the home.

Public's Involvement in Prevention

For the past four years, the public has been asked the degree to which they, as individuals, can prevent child abuse. As reported in Table 5.2, both the general public (pub.") and parents ("par.") appear less optimistic today than in 1987 about their potential contribution to preventing child abuse. In the most recent survey, 58% of the general public and 68% of parents feel that can do a good deal to prevent child abuse. This represents a decline of 8% for the general public since 1987 and 12% for parents since 1988. However, it should be noted that it is a very small percentage of the public (10%) and an even smaller percentage of parents (6%), who feel they can do nothing to prevent child abuse.

The reasons for this shift are not self-evident and do not seem to have resulted in fewer individuals taking specific actions to prevent child abuse. As reported in Table 5.3, the percentage of individuals acting to prevent child abuse has remained unchanged during the four year

Table 5.2

"How much do you think you, as an individual, can do to prevent child abuse?": Results by Percent

	1990		1989		1988		1987	
	pub.	par.	pub.	par.	pub.	par.	pub.	par.
A lot/Some	58	68	63	77	66	80	66	76
Only a little	27	22	22	18	24	14	24	19
Nothing	10	6	10	4	8	4	8	4

reporting period. Last year, as in the past, approximately one-quarter of the general public and one-third of all parents report that they have taken personal action to prevent child abuse.

In the most recent survey, respondents were asked to indicate whether or not they had ever been involved in a variety of prevention activities and, if not, would they be willing to consider participating in these activities. As reported in Table 5.4, a significant percentage of the general public has been involved in such varied activities as offering assistance to parents under stress, stopping someone from hitting or yelling at a child and offering financial support to an organization working to prevent child abuse. The two activities for which the public was least likely to volunteer were working at a crisis hot line or nursery or serving as a foster parent or parent aid. In general, parents, as opposed to the general public, were more likely to be involved in one or more of the prevention activities and if not involved, more willing to participate in these activities in the future.

Public Support for Prevention Services

In several of the surveys, public opinion has been sought regarding the appropriateness of various child abuse prevention services. Specifically, the public has been asked if they agree that the following prevention strategies should be implemented:

Table 5.3

"Have you done anything personally to prevent child abuse in the past year?": Results by Percent

	1990		1989		1988		1987	
	pub.	par.	pub.	par.	pub.	par.	pub.	par.
Yes	23	32	25	39	25	35	23	32
No	74	64	73	59	74	63	77	68

Table 5.4

Involvement and Support for Specific Prevention Activities: Results by Percent

	Have Done		If Not, Would Do	
	Public	Parents	Public	Parents
Crisis hot line/ nursery volunteer	5	4	36	44
Foster parent/ parent aide	9	11	25	30
Reported family member/friend to police for abuse	11	15	86	89
Stopped someone you did not know from hitting a child	17	19	71	71
Stopped someone you knew from hitting a child	31	33	85	85
Gave money to an organization to prevent child abuse	38	43	57	64
Talked to a parent to try to stop them from abusing a child	29	33	78	82
Stopped someone you did not know from yelling at a child	20	22	54	53
Stopped someone you you knew from yelling at a child	51	55	72	73
Offered help to a parent under stress	64	72	70	72

- elementary schools offering instruction which teaches children to protect themselves from child abuse, especially child sexual abuse;
- schools teaching children how to ask for help if they are being physically abused; and
- the availability of educational and support services, including health professionals who visit parents in their home, for all parents from the time their first child is born.

Survey results indicate overwhelming support for these strategies, particularly those which call for more aggressive education in public schools. Eighty-three percent of the respondents strongly agreed that elementary schools should offer child safety instruction and 84% strongly agreed that schools should teach children how to ask for help if they are being physically abused. Less than 3% of the respondents disagreed, either strongly or somewhat, with schools playing these types of child abuse prevention roles.

While support for parenting services was less uniform, the majority of respondents either strongly agree (49%) or agree somewhat (37%) with the concept of universal parenting education, including home visitors. Fourteen percent of the respondents disagreed strongly or somewhat with the provision of these services. Given the increase availability and use of a wide range of parenting education and support services, this pattern was somewhat surprising. However, the findings

may suggest that the public is less enthusiastic about those programs which might place a service provider physically within the home. Such services might be viewed as more intrusive than those offered in public institutions and, therefore, less desirable.

Summary

On balance, the surveys suggest an encouraging shift in public perception and behaviors with respect to child abuse prevention. Both the public's perception of the potential harm associated with physical punishment and verbal abuse and actual parental practices have shifted over the past four years. Today, parents appear significantly less inclined to use corporal punishment and a greater percentage of the general public perceives this behavior damaging. While public opinion has consistently questioned the repeated yelling and swearing at a child, parental practices are beginning to be more reflective of this public perception.

Further, the public supports the expansion of child abuse prevention services and have continued to be involved in a wide range of prevention services. A sizable percent of the public is involved in such diverse activities as talking to a parent to try to stop abuse, offering assistance to a parent under stress, and providing financial support to an organization working to prevent child abuse. While the general public and parents are less optimistic today than in 1987 about their ability to personally make a difference in

the degree of child maltreatment, one in four Americans continue to be involved in prevention activities each year. Increasing these individual prevention acts is a major challenge the field faces in reducing the scope of the child abuse problem nationwide.

VI. PRELIMINARY ASSESSMENT

Reducing the nation's child abuse problem is a formidable task particularly in light of seemingly recalcitrant social problems. When it established the organization's Long-Range Plan, NCPCA's Board of Directors had no way of foreseeing the rapid explosion of the nation's drug crisis, the continued poverty and isolation in the nation's inner cities, and the failure of general social service and child welfare budgets to keep pace with the growing demand for services. Despite these problems, the data collected to date suggest major accomplishments on all of the Long-Range Plan's objectives.

Reasons For Optimism

The public is very aware of the child abuse problem and one in four Americans annually do something to prevent child abuse. While some are less optimistic today than in 1985 about the ability of their individual actions to reduce overall maltreatment levels, this pessimism has not stopped people from reaching out to help parents under stress. In the most recent NCPCA-sponsored public opinion poll, 64% of the respondents indicated that they had offered help to a parent under stress. Fifty-one percent said they had stopped someone they knew from yelling at a child and 31% reported that they had stopped someone they knew from hitting a child. Further, virtual uniform support is found for the universal provision of child abuse prevention services in the nation's

school system and a majority of Americans favor the universal provision of parenting education and support services. While gaps in this public commitment to preventing child abuse most certainly exist, the trend appears to be in favor of individuals accepting greater responsibility for the welfare of children either directly or through their social institutions.

The most notable change with respect to public behavior in the past four years has been the significant decrease in the number of parents reportedly using yelling or swearing and hitting or spanking in disciplining their children. Today, 15% fewer parents admit to yelling or swearing at their children and 13% fewer admit to hitting or spanking them. Whether these findings reflect true behavioral changes or merely a reluctance on the part of parents to admit to such behavior, they highlight a welcome change in the public's attitude toward children.

Several recently enacted public policies also promote a safer and more responsive environment for children. As of 1989, 19 states had banned corporal punishment in their public schools, a notable increase over the number of states with such legislation in 1985.[45] All but one state (i.e. Wyoming) has passed and funded Children's Trust and Prevention Funds, offering a consistent pool of resources dedicated to the task of preventing child abuse. For the most recent year, these funds raised over $25 million and funded

close to 1,400. This represents a 19% increase in funding and a 40% increase in programs since 1985.

Further, there is a growing recognition that efforts to improve the availability and quality of day care, to secure meaningful welfare reforms, to promote better housing and health care for families and to reduce the level of societal violence are as important to preventing child abuse as are improving public child welfare and child abuse reporting systems. The collective commitment and efforts of national organizations such as the American Association for Protecting Children, the Children's Defense Fund, the Child Welfare League of America, and the American Public Welfare Association as well as professional associations such as the American Public Health Association, the National Association of Social Workers, the American Bar Association and the American Academy of Pediatrics suggest that sustained pressure for reform will exist on the full range of institutions which impact upon the family.

Knowledge with respect to the underlying causes of child abuse and how best to intervene both before and after maltreatment continues to grow. Quite simply, every year more is known with respect to the critical basic and applied research questions raised by a variety of disciplines. While certainly far from perfect, policy makers and practitioners have an increasingly improved knowledge base from which to do their planning. For example, evidence now exists as to the

efficacy of new parent services such as parenting education classes, parent aide services, and parent support groups. Such services provided prior to or immediately following birth improve bonding between parent and child, increase the parent's use of available community health and social services, and reduce the child maltreatment rate. For teen parents, these programs have dramatic impacts on the rate of second pregnancies and result in higher school completion rates and less welfare dependency. Because different parents will require different services, a community is best able to prevent child abuse when it offers a range of parenting services including both those offered in a group setting and those offered in the parent's home. Also, the more complex the family's problems, the more comprehensive the service needs. While basic information on service availability and parenting can be conveyed in a relatively brief period of time, it is now generally understood that changing behavior and developing new skills require more intensive services.

Similarly, child assault prevention instruction has been found to successfully covey basic safety concepts to children of all ages and to increase the frequency with which children who have been abused tell someone about their experiences. The programs that are most successful in teaching children these concepts are those that are age appropriate, drawing on the language and examples familiar to a child of a given age, and those that are well integrated into a school's overall

curriculum and management style. Further, an increasing number of programs are emphasizing the development of more generic skills, such as teaching a child to talk to an adult when she is troubled, not to give in to peer pressure, and to rely on negotiation rather than violence to resolve problems. Such skills have implications not just for preventing child abuse but also for reducing a number of other problems that children face.

Finally, there has been a tremendous growth in the number of prevention services, particularly within hospitals and local school districts. Today, over 90% of hospitals with maternity wards provide some type of parenting information to those who deliver at their facilities. Fourteen percent more hospitals are providing parenting classes prior to birth and 10% more are providing post-birth parenting classes today than in 1986. In terms of social services, almost one third of the hospitals, 10% more than in 1986, offer parent support groups. Over 60% of local elementary school districts mandate the provision of child assault prevention education to their students, a 12% increase over the number with this policy in 1986. Parenting education and life skills training is close to a universal requirement in the nation's high schools, with over 97% of the districts indicating that these services are not only available but mandatory for graduation. Finally, virtually all of the community based agencies surveyed in the sample

counties consider child abuse prevention a major function. The most common services sponsored by these agencies include crisis intervention services (67%), parenting education classes (65%), parent self-help groups (40%), and in-home parent aid services (33%).

Reasons for Concern

Not all of the information gathered to date is encouraging. Based on administrative accounts of child abuse and trends in several key social indicators, the most problematic caseloads, those families who do the most serious harm to their children and those parents who have the fewest resources, are not being effectively reached by current prevention efforts.

As outlined above, child abuse reports and child abuse fatalities have continued to increase rather dramatically since 1985. Further, the infant mortality rate, while currently slightly under 10 per 1,000 live births, has not declined notably for several years and still remains higher than many other Western European democracies. For minority infants and infants living in poor families, the rate of early death is two to three times higher than the national figure.

The number of children living in extreme poverty and at elevated risks for abuse have increased markedly in the past few years. Since 1980, the number of poor families with children in this country has risen 15% and currently number

5.5 million. Reflective of this statistic is the Institute of Medicine's estimate that on any given night there are 100,000 homeless children. According to the U.S. Conference of Mayors, families with children requesting temporary shelter increased 32% between 1986 and 1987 and another 22% between 1987 and 1988. In addition to poverty, the number of children being born exposed to drugs is staggering. In Illinois alone, over 1,200 babies were born addicted to cocaine in 1988, a 132% increase over the number of these cases seen the previous year. Perhaps even more tragic is the growing number of pediatric AIDS cases. By 1991, the government estimates that there will be 3,000 of these cases and 10,000 to 20,000 children will carry the HIV virus.

While the array of services currently available in most communities represents an expansion over previous years, critical gaps remain. The majority of existing prevention services are group-based, educational services best suited for those parents willing and able to access these options. Far fewer services exist for the more isolated, less educated or more poorly functioning parent. For example, only one quarter of the hospitals with maternity wards provide any type of home visitor services following the birth of a child and only 3% of the hospitals provide any type of crisis hot line or drop in services. Further only 9% of the nation's high schools provide on-site day care for parenting teens. And, since 1986, there are fewer community-based resources in

at least two critical areas -- crisis intervention services and therapeutic services for abused children, particularly young children.

Implications For Future Planning

Based on these data, it appears the child abuse prevention battle has met with mixed success. In essence, the population at-risk for child abuse might be considered as consisting of three distinct groups: consumer families, dependent families and broken families. The consumer families are those parents who recognize their limitations with respect to child development knowledge, parenting skills, and the use of formal and informal supports. While they may not be able to articulate their specific shortcomings or needs, they are aware that they need to secure additional help from some source to met their parenting responsibilities. These individuals will sign up for parenting education classes at the local community center or hospital, will join parent support groups and will seek out various written material. They may call hot lines or ask a friend for assistance. On balance, it appears the current arsenal of prevention services has been very responsive to this segment of the population. The program challenge this population presents to the field is providing these services in accessible locations and with sufficient frequency to effectively meet the growing demand for information and support.

The second group, dependent parents, pose a more complex task for program planners. These individuals may not know they need assistance or if they do know they need assistance they may not know how to access it. The problem here is developing universal services in which a more careful determination of need can be made. Also services will need to be ongoing allowing parents to move from one service to the next as their child develops. Families in this subpopulation generally are not good at applying a theoretical concept to their own child's behavior or adjusting a technique to suit their child's development. While some notable gains have been made with this population, continued success with these families require greater expansion of more intensive prevention efforts. For example, new parents within this population will require more than merely access to written material or parenting education classes. Follow-up, home-based services will be needed to allow for a more careful assessment of the family's needs and environment and greater opportunities to observe parent-child interactions.

The final group, the broken families, are those families who members have failed to integrate the social, emotional and cognitive competencies needed for healthy development. Often, the parents in these families exhibit serious functional problems such as extreme disorganization, substance abuse and violent behavior. To date, these

individuals have been very poor candidates for prevention. There are at least two reasons for this situation. On the one hand, current prevention efforts simply may not be sufficiently available or effectively disseminated. As a result, large numbers of these families are not receiving the services they need to avoid various forms of maltreatment. If this explanation is correct, then achieving a reduction in the most severe levels of violence against children will hinge on the expansion and better targeting of key prevention services, such as home visitors and on-going case management.

However, it is possible that the problem is not merely one of inadequate supply or poor dissemination. Families involved in the most violent and serious forms of maltreatment may not be responsive to existing prevention strategies. If this explanation is correct, an expansion of the types of client-level prevention services identified in the Long-Range Plan may not realize a significant reduction in the most violent cases of maltreatment. Working with this segment of the at-risk population may require new ways of viewing the prevention task and include more aggressive efforts to work directly with the children in these families even if the parents refuse assistance. With these families, emphasis may need to be placed on working with children in the hopes of breaking the cycle of maltreatment. In certain cases, intensive supervision of these families may need to occur, with an eye toward the removal of the child and the termination of parental rights if necessary.

References

1. Long Range Plan: 1985-1990. 1985. Chicago, Il: National Committee for Prevention of Child Abuse.

2. For example, the National Family Violence survey conducted by Richard Gelles and Murray Straus placed the rate of physical abuse at 36 per 1,000 children. A radome sample of college students conducted by David Finkelhor projected the rate of sexual abuse at 200 per 1,000. In contrast, the Federally-funded National Incidence Study set these rates at 7 per 1,000 for physical abuse and 2 per 1,000 for sexual abuse.

3. Gelles, R. and Straus, M. (1988). Intimate Violence. New York: Simon and Schuster.

4. "Commentary Discussion." (1987). Journal of Interpersonal Violence. 2:2 (June). 225-232.

5. In contrast to their initial two surveys, the proposed survey will focus exclusively on the issue of child abuse. If appropriate funding can be secured, data will be collected in 1991 with the results available some time in 1992. In addition to addressing the incidence question, it is hoped that this study will offer more complete information as to the availability and use of prevention services by various types of families.

6. These surveys provide timely, although not precise information regarding reports of abuse and neglect across the nation. Between 1976 and 1987, detailed analyses of official state reporting data were conducted by the American Association for Protecting Children, a division of the American Humane Association. Beginning in 1987, however, the Federal government ceased funding this activity in favor of developing an alternative national data base. Consequently, 1986 is the last year for which this more detailed analysis is available.

7. American Association for Protecting Children. (1988). Highlights of Official Child Neglect and Abuse Reporting, 1986. Denver, CO.: American Humane Association.

8. These projections are based upon the assumption that the proportion of reported child abuse fatalities is consistent with a state's proportion of the total number of children in this country. The 37 states reporting child abuse fatalities in 1985 represent 80% of the total child population; the 40 states reporting child abuse fatalities in 1986 represent 81% of the total child population; the 39 states providing data with respect to the

number of child abuse fatalities in 1987 represent 85% of the total child population; the 43 states reporting child abuse fatalities in 1988 represent 85% of the total child population; and the 41 states reporting child abuse fatalities in 1989 represent 86% of the total child population. If data were available from all 50 states, the actual rate of change and total scope of the problem could vary somewhat from these projections. An exact national number with respect to reported child abuse fatalities is difficult to determine due to definitional and reporting differences across states. In addition, state-level data on this particular statistic has not been routinely maintained in five states: Alabama, Michigan, New Hampshire, Tennessee, and West Virginia.

9. Chasnoff, I. J. (1989). "Drug Use and Women: Establishing a Standard of Care." Annals of the New York Academy of Sciences. 562 (Spring) 208-210.

10. Mathews Munns, J. (1989). The Youngest of the Homeless: Characteristics of Hospital Boarder Babies in Five Cities. Washington, D.C.: Child Welfare League of America.

11. Ibid.

30. National Safety Council. Accident Facts Book, 1988.

13. National Center for Health Statistics, Mortality Statistics Branch, Division of Vital Statistics, 1989.

14. Ibid.

15. Monthly Vital Statistics Report, 1985/1986.

16. Center for Infectious Diseases, Centers for Disease Control, HIV-AIDS Weekly Surveillance Reports, United States AIDS Program, selected reports from March, 1985, 1987, 1988 and 1989.

17. At present, we have not identified reliable, national statistics on this figure. However, individual states report dramatic increases in recent years in the number of drug exposed infants. For example, between 1987 and 1988, Illinois reported a 132% increase in the number of drug exposed infants. New York reported a 240% increase in this population between 1986 and 1988. During the coming year, emphasis will be placed on gathering more specific statistics on this problem from all 50-states with the hope of generating a useful and reliable national estimate.

18. U.S. Department of the Commerce, Bureau of the Census, July 1987. Series P-60 No. 154 and 157. Money, Income and Poverty Status of Families and Persons in the U.S., 1985/1986. Washington, DC: U.S. Government Printing Office, 1987.

19. At present, the estimates of homeless children range from 35,000 to 500,000. The most commonly cited figure is that 100,000 children are in need of shelter on any given night, based upon research summarized in 1988 by the National Academy of Sciences. During the coming months, attempts will be made to locate more recent information with respect to this issue.

20. Tatara, T. (1990). "Effects of the Current Drug Epidemic on Children: A Critical Need for National Data." Protecting Children. 6:4 (Winter). 15-19.

21. Ibid.

22. U.S. Department of Justice, Federal Bureau of Investigation-Uniform Crime Reports. Crime in the United States. Washington, DC: U.S. Government Printing Office, 1985-1987.

23. U.S. Department of Health and Human Services, Public Health Service, National Center for Health Statistics, Monthly Vital Statistics Report. Washington, DC: U.S. Government Printing Office, 1987.

24. For example see discussions in Bolton, G and Bolton, C. (1987). Working with Violent Families. Beverly Hill, CA.: Sage; Cicchetti, D. and Carlson, V. (eds.) (1989). Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. New York: Cambridge University Press; and Helfer, R. and Kempe, R. (eds.) (1987). The Battered Child (Fourth Edition). Chicago: University of Chicago Press.

25. National Center for Health Statistics. Vital Statistics of the United States, 1986. Vol. I Natality, Table 1-1, and Monthly Vital Statistics Report. 37:12 (March 28, 1989).

26. U.S. Bureau of the Census, Current Population Reports, Series P-20, Nos. 410, 418, 423, and 433. Marital Status and Living Arrangements: March 1985, March 1986, March 1987, March 1988. Table 5 in each report.

27. Ibid.

28. U.S. Department of Labor, Bureau of Labor Statistics, News Release USDL 87-345, earlier annual releases, and unpublished tables on "Marital and Family Characteristics of the Labor Force from the March 1988 Current Population Survey," September 1988.

29. U.S. Bureau of the Census, Current Population Reports, Series P-60, No. 47, Table 5; No. 80, Table 19; No. 105, Table 24; No. 132, Tables 16,17, 30; No. 137, Table 27; No. 146, Table 27; No. 151, Table 19; Series P-23, No. 114, Table 42; and Series P-60, No. 159, Table 20; No. 162, Table 20. Various dates to February 1989.

30. Congressional Budget Office. "Trends in Family Income: 1970-1986," February 1988, and tabulations of 1988 Current Population Survey data.

31. Ibid.

32. U.S. Bureau of the Census, Current Population Reports, Series P-60, No. 81, Table 14; No. 106, Table 20; No. 133, Table 19; No. 158, Table 15; No. 160, Table 15; No. 163, February 1989, Tables 3 and 15.

33. U.S. Dept. of Labor, Bureau of Labor Statistics. Employment and Earnings. Washington, DC: U.S. Government Printing Office, 1986-1987.

34. Current Population Survey, 1987.

35. Ibid.

36. U.S. Dept. of Health and Human Services, National Institute on Drug Abuse. 1985 National Household Survey on Drug Abuse. 1985.

37. U.S. House of Representatives. (1989). Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means. March. 560, Table 21.

38. At present, we are still exploring the most useful way to express the level of Federal support for child welfare services. We anticipate having reliable estimates of this figure for the 1985 to 1990 period in the final assessment report.

39. Westat Associates. (1988). Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect. Washington D. C.: U. S. Department of Health and Human Services, National Center on Child Abuse and Neglect.

40. While all counties were surveyed, incomplete information was obtained from school districts in four counties: Los Angeles, CA; Fairfield, CT.; Washington, OH.; and Shelby, TN.

41. While hospitals in all counties were contacted, incomplete data were obtained from four counties: Sacramento, CA; Plymouth, MA; New York, NY; and Shelby, TN.

42. The one exception to this pattern was in Cook County where the 1986 sample was revised to omit those community-based organizations with no connection to children or family services.

43. The first of these surveys was conducted by Louis Harris in December of 1986. Subsequent surveys have been conducted each February by Schulman, Ronca and Bucuvales.

44. The sample used for each study is a national modified random-digit-dial telephone survey. Because random-digit-dial samples substitute random digits for the last three numbers in each core telephone number, they represent both listed and unlisted telephone households. Within each household contacted, respondents are randomly selected on the "last birthday" method. Interviewers are required to interview the adult in the household who has celebrated his/her birthday most recently, as opposed to the person who picks up the telephone. Up to four calls are made to households where there are no answer, busy, or where the designated respondent is not available on previous calls. A total of 1,250 interviews are completed each year, including between 450 and 500 parents with children under 18 living at home.

45. By March, 1990, this number had increased to 20 states.